



Registration Form

Camper Information

Full Name of Camper: _____ Name Camper Goes By: _____
 Age: _____ Date of Birth: _____ Gender: _____
 Current Grade: _____ Camper E-mail: _____ Group: _____
 Cabin mate Request: _____ Cabin: _____

Family Information

Parent/Guardian: _____	Camper Address _____
Mailing Address: _____	_____
City, State Zip: _____	_____
Home Phone: _____	_____
Cell Phone: _____	_____
Work Phone: _____	_____
E-mail Address: _____	_____
Relationship: _____	_____
Occupation: _____	_____
Employer: _____	_____

Emergency Contact Information

Relationship: _____	Home Phone: _____
Name: _____	Work Phone: _____
Mailing Address: _____	Cell Phone: _____
City, State Zip: _____	E-mail Address: _____

Covid Policy Acknowledgement

Dear campers and families,

We are so excited to welcome you to Claggett this summer, whether this is your first time or a joyful return! After over a year of planning and praying, we are overjoyed to return to the heart of our mission at summer camp: having campers meet God in each other, in the world around them, in worship, wonder, and laughter. There will be necessary changes to our operations this year to make this possible. The way that we do some things may be different than we are used to, but the heartbeat of camp will still be present in both new and familiar ways.

Living in community means that each of us is sometimes called to put aside our own comfort and convenience for the safety and well being of others. More than ever this year, a safe and healthy camp depends on all of us, beginning before each camp session begins and continuing through departure.

Please read the COVID-19 policies and procedures fully and return this covenant no later than one week before the start of your session.

- I have read and understand the COVID-19 policies and practices for Claggett Camps 2022.
- I understand that each camper is required to complete a rapid antigen test upon arrival at camp, and that they may not be dropped off until test results are clear.
- I understand that I will be notified of potential COVID exposure from anyone who has been a close contact in my camper's dorm or small group.
- Please mark here if you would like to be notified of potential exposure from any participant in the camp setting, regardless of whether they had known close contact with my camper.
- I understand that my camper may be required to wear a mask during certain situations at camp, such as guest presentations, indoor singing, or in the event they are a close contact of someone who contracts COVID-19.



Registration Form

Signature _____

SCC Activity Contact Photo Release T-shirt _____

Activity Release Statement

1. During the course of our programs, participants will have the opportunity to participate in various activities that involve unusual risks. For example; participants may participate in a high and/or low ropes course activity with potential for slips and falls which could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more life threatening injuries. Participants may also participate in canoe and kayak trips, hikes, bike trips, outdoor games, and various other physical activities that present an unusually high risk for injury.

2. I understand that sometimes participants will be transported by Claggett vans or other vehicles to activities off campus by certified drivers according to the Claggett safety policies. I authorize participation in these activities.

3. I acknowledge that myself/my child's participation in activities while at Claggett entails known and unanticipated risks, which could result in physical or emotional injury. While particular rules, equipment, and personal discipline may reduce the risk, the possibility of serious injury does exist. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activities.

4. On behalf of myself/my minor child, I expressly agree and promise to accept and assume all of the risks existing in these activities. I recognize that my/my child's participation in these activities is purely voluntary and I authorize his or her participation in spite of the risks.

5. I certify that I have adequate insurance to cover treatment of any injury suffered by me/my minor child while participating in adventure activities or else I agree to bear the costs of such injury myself.

By checking below, I hereby voluntarily release the Claggett Center, it's agents, lessees, owners, officer, volunteers, participants, employees and other persons or entities acting in any capacity on it's behalf from any and all claims, demands, or causes of action that are in any way connected with my/my minor child's participation in adventure activities.

I agree _____

By signing below I acknowledge that I have read and understand the above:

Sharing Personal Contact _____

If YES, you agree to share your name and contact information with other campers and staff for personal use only -- not for commercial use or sale/If NO, your personal information will not be shared, and you will not receive others personal contact information.

Yes _____

No _____

Photo Release: _____

I consent for Claggett Center to post pictures of me or my child on its website, Facebook, Social Media platforms, et cetera; and print materials; to market, promote and/or advertise camps or other Claggett Center programs.

Yes _____

No _____

Date Stamp _____

OTHER INFORMATION

T-Shirt Size: _____

Child - Small _____

Child - Medium _____

Child - Large _____



Registration Form

- Adult - Small _____
- Adult - Medium _____
- Adult - Large _____
- Adult - Extra Large _____
- Adult - XXL _____
- Adult 3XL _____

How did you hear about this program?

- Advertisement _____
- Church _____
- Facebook _____
- Other _____
- Returning Camper _____
- Website _____
- Word of Mouth _____

Denomination:

- Baptist _____
- Catholic _____
- Episcopalian _____
- Lutheran _____
- Methodist _____
- Mormon _____
- Other _____
- Pentacostal _____
- Presbyterian _____
- Unitarian Universal _____

Church/Chapter (if part of the Maryland Episcopal Diocese):

If not part of the Episcopal Diocese of Maryland, please list name of Church

Affiliated Agency (if any):

Agency Contact:

Agency Phone number:

Who will be picking you up at the end of the session? Please write their full name and phone number. If you are driving yourself, please write "self."

Special Challenge Medical Form

Camper Name:

Date of Birth: (D/M/Y)

Gender:

- Male _____
- Female _____

Who has legal authority over medical decisions for this camper?

- self _____
- other - please specify below _____

If other, please provide the name and contact information of this person.

List Two Emergency Contacts (Other than parent/guardian)

Full Name

Relationship

- Alt Person _____
- Aunt _____
- Billing Contact _____



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- Brother _____
- Brother-in-Law _____
- Camper _____
- Cousin _____
- Daughter _____
- Emerg Contact _____
- Employee _____
- Employer _____
- Family _____
- Father _____
- Friend _____
- Granddaughter _____
- Grandfather _____
- Grandmother _____
- Grandparents _____
- Grandson _____
- Guardian _____
- Guardian1 _____
- Guardian2 _____
- Husband _____
- Inquiry-Person Calling _____
- Mother _____
- Nanny _____
- Neighbor _____
- Nephew _____
- Niece _____
- resident manager coordinator _____
- Sister _____
- Sister-in-Law _____
- Son _____
- Spouse _____
- Step Daughter _____
- Step Son _____
- Step-Brother _____
- Step-Father _____
- Step-Mother _____
- Step-Sister _____
- Uncle _____
- Wife _____

Phone Number

Full Name:

Relationship:

- Alt Person _____
- Aunt _____
- Billing Contact _____
- Brother _____
- Brother-in-Law _____
- Camper _____
- Cousin _____
- Daughter _____
- Emerg Contact _____
- Employee _____
- Employer _____
- Family _____
- Father _____
- Friend _____



Registration Form

- Granddaughter _____
- Grandfather _____
- Grandmother _____
- Grandparents _____
- Grandson _____
- Guardian _____
- Guardian1 _____
- Guardian2 _____
- Husband _____
- Inquiry-Person Calling _____
- Mother _____
- Nanny _____
- Neighbor _____
- Nephew _____
- Niece _____
- resident manager coordinator _____
- Sister _____
- Sister-in-Law _____
- Son _____
- Spouse _____
- Step Daughter _____
- Step Son _____
- Step-Brother _____
- Step-Father _____
- Step-Mother _____
- Step-Sister _____
- Uncle _____
- Wife _____

Phone Number:

Name of Personal Physician:

Phone Number:

Insurance Information Carrier:

Plan #:

Policy #:

Primary Insured:

General Health History (Please briefly describe, include any issues that may affect or limit full participation in camp):

Allergies: Please check all that apply

- Food _____
- Insect _____
- Medicine _____
- Other _____
- Plant _____
- No Allergies _____

Please explain allergies:

Do you have any dietary restrictions we should be aware of? Do you require food to be cut into small pieces? Please specify below.

Date (month/date/year) of last Tetanus shot

Please explain any YES answers:

Check the non-prescription medications the health care provider can administer while at camp:

- Acetaminophen (ie Tylenol) pain reliever _____
- Antacid (ie Pepto Bismol) _____
- Dyphenhydramine (ie Benedryl) allergy med _____



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Heartburn tablets (ie Tums) _____
Ibuprofen (ie Advil) pain reliever _____
Loratadine (ie Claritin) allergy med _____
Magnesium hydroxide (ie Milk of Magnesia) _____
Sore Throat Spray _____

Check which of the following Lotions and/or Ointments may be administered by the nurse?

Aloe Vera (after-sun care) _____
Ammonia Inhalant (smelling salts) _____
Antifungal Cream _____
Anti-Itch Cream (ie Benadryl topical) _____
Antiseptic Skin Cleanser _____
Burn Cream _____
Calamine Lotion for itch/rash (ie Caladryl) _____
Ear Drops for swimmer's ear _____
Eye Wash _____
First Aid Cream/Spray _____
Hydrocortisone Cream _____
Hydrogen Peroxide (wound cleaning) _____
Isopropyl Alcohol _____
Poison Ivy/Oak Itch Relief _____
Triple Antibiotic Ointment _____

Specify any additional needs. If you require mobility support, hygiene support, or other close one to one care, please provide specifics.

Do you have a history of seizures?

Yes _____
No _____

Do you have a history of sleep apnea?

Yes _____
No _____

Do you require plastic sheets?

Yes _____
No _____

Camper needs assistance/ supervision with the following (check all that apply):

navigating campus without getting lost or confused _____
regulating when they take a break (ex. returning to dorm to nap) _____
returning to group when ready _____

Do you have any physical/ mobility limitations? Check all that apply.

uses walker _____
wheelchair - require shower transfer bench _____
wheelchair - electric or self operate _____
wheelchair - needs to be pushed at all times _____
requires handlebar for toilet _____
requires shower seat _____
needs assistance with balance getting in and out of shower _____
needs assistance with balance getting on or off toilet _____
needs step-free accommodations _____
balance stability issues or fall risk _____
other - please specify _____

If other, please provide details below.

Any special hygiene needs?

Yes _____



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No _____

Do you require assistance shaving? If YES, you must bring an electric shaver to camp. Counselors will help campers shave 1 to 2 times during the week. We cannot assist with handheld razors.

Yes _____

No _____

Special medical equipment? (CPAP, Nebulizer, Inhaler, other)

Yes _____

No _____

Please provide details on any of the above:

Are you prone to any of the following? Check all that apply.

Bed Wetting _____

Colds or Fever _____

Headaches _____

Menstrual Cramps _____

Nightmares _____

Poison Ivy _____

Sore Throats _____

Sprains _____

Stomach Aches _____

Sunburn _____

Swimmer's Ear _____

Other _____

Medications

List any medications to be dispensed at camp in the spaces provided below. All medications must be checked in with the health care provider at registration. All medications must be in their ORIGINAL containers with the conferee's name and dosage clearly visible. Medications must be given as per the directions on the prescription container.

1. Medication and Dosage

When should the medication be given?

Pre-Breakfast _____

Breakfast _____

Lunch _____

Dinner _____

Night _____

Other _____

As needed _____

If you checked "Other", please explain

2. Medication and Dosage

When should the medication be given?

Pre-Breakfast _____

Breakfast _____

Lunch _____

Dinner _____

Night _____

Other _____

As needed _____

If you checked "Other", please explain

3. Medication and Dosage



Registration Form

When should the medication be given?

Pre-Breakfast _____
Breakfast _____
Lunch _____
Dinner _____
Night _____
Other _____
As needed _____

If you checked "Other", please explain

4. Medication and Dosage

When should the medication be given?

Pre-Breakfast _____
Breakfast _____
Lunch _____
Dinner _____
Night _____
Other _____
As needed _____

If you checked "Other", please explain

5. Medication and Dosage

When should the medication be given?

Pre-Breakfast _____
Breakfast _____
Lunch _____
Dinner _____
Night _____
Other _____
As needed _____

If you checked "Other", please explain

6. Medication and Dosage

When should the medication be given?

Pre-Breakfast _____
Breakfast _____
Lunch _____
Dinner _____
Night _____
Other _____
As needed _____

If you checked "Other," please explain.

7. Medication and Dosage

When should the medication be given?

Pre-Breakfast _____
Breakfast _____
Lunch _____
Dinner _____
Night _____
Other _____
As needed _____

If you checked "Other," please explain.

8. Medication and Dosage



Registration Form

When should the medication be given?

- Pre-Breakfast _____
- Breakfast _____
- Lunch _____
- Dinner _____
- Night _____
- Other _____
- As needed _____

If you checked "Other," please explain.

9. Medication and Dosage

When should the medication be given?

- Pre-Breakfast _____
- Breakfast _____
- Lunch _____
- Dinner _____
- Night _____
- Other _____
- As needed _____

If you checked "Other," please explain.

10. Medication and Dosage

When should the medication be given?

- Pre-Breakfast _____
- Breakfast _____
- Lunch _____
- Dinner _____
- Night _____
- Other _____
- As needed _____

If you checked "Other," please explain.

Please Note: If your medication information/ schedule did not fit in the above section, please attach a full schedule for dispensing medication with instructions from your physician/ nurse.

In case of emergency, I understand every effort will be made to contact parent / guardian / agency or emergency contact. In the event any of these people cannot be reached, I hereby give my permission for Claggett Center, the center's designee, or the Episcopal Diocese of Maryland to secure proper treatment, including hospitalization, surgery, anesthesia, or the administration of any medication, oral or injected. I agree to be responsible for all costs associated with such treatment.

Date _____

Signature _____